

## ***Lifesavers and Body Snatchers: A Book Review***

*On 29 November 2022, I hosted Tim Cook (Canadian War Museum) at the Royal Canadian Military Institute (RCMI) for the launch of his new book, Lifesavers and Body Snatchers: Medical Care and the Struggle for Survival in the Great War. Tim, one of the honorary historians of RCMI, has spoken to several of his books and to other specialized talks over the years at RCMI, including at our military history symposium in 2021.*

The book, of which I received an advance proof courtesy of Penguin publicity manager, Shona Cook, is an excellent volume and addition to the Canadian medical and military historiography. Based on over a decade of research, the work investigates the history of Canadian medicine and the Canadian Army Medical Corps (CAMC) during the First World War. The volume also works as a testament to the bravery and skill of the doctors, nurses, and stretcher-bearers of the Canadian Expeditionary Force (CEF). The efforts of the CAMC, especially their innumerable live-saving interventions during incomparable conditions, directly contributed to the sustained battlefield successes of the Canadian Corps and to the ultimate victory of 1918.

The book's "big reveal" tells us that, under direction of higher authority, army medical doctors occasionally removed the body parts of fallen Canadian soldiers and repurposed them for future uses (or misuses). During selection, preference appears to be given to body parts which maintained signs of severe battlefield traumas; including gassed lungs from the Second Battle of Ypres in April 1915, and a bullet-shattered and paralyzed spine afflicted near Vimy in April 1917. Many of these harvested Canadian remains were ultimately transported to the Royal College of Surgeons in London, England. From 1915-1918, hundreds of organs, bones, and tissue samples were removed from fallen Canadian soldiers and sent to London, where they were stored, treated, studied, and even presented in exhibition galleries. After being exhibited there, many of the preserved remains were sent to McGill University in Montreal where they were similarly studied and displayed in museum exhibitions. McGill, of course, was the leading medical university of

wartime Canada and often set the standard for medical best practice. The removal and display of body parts was justified by senior medical officers, who contended that these “pathological samples” were valuable “teaching tools” and that the soldiers who died at the front sacrificed not only for “their country,” but “for knowledge.”

Though all of this work was government sanctioned and funded, the soldiers, and their families, were unaware of these ghastly procedures which has raised many ethical questions. As Tim argues, the massive numbers of casualties and incomprehensible carnage overseas “led to a callous attitude towards the dead.” A level of desensitization amongst those who bore witness to these endless traumas was likely a contributing factor to such practice. This shocking and previously untold history forms a part of the concurrent “medical war,” which is chronologically well-told through the course of the book.

I appreciated the work’s attention afforded to explaining the difficult roles of the CEF medical professionals and to their incredibly successful life-saving measures. Indeed, in WWI, 9 out of 10 injured Canadians survived their wounds if seen by a medical practitioner, but these practitioners were deeply affected by their interactions with the wounded and dying soldiers. The stunning physical (and mental) wounds of the soldiers rightly take centre stage, but the hazards and subsequent wounds sustained by medical practitioners was also quite fascinating. Indeed, at Hill 70 in 1917, for instance, the gassed soldiers arriving at field hospitals were often still contaminated or off-gassing blister and choking agents, resulting in 115 injuries to CAMC personnel. Medical personnel learned to decontaminate such incoming soldiers and to sometimes wear appropriate personal protective equipment, reminiscent of procedures undertaken by modern first responders and hazardous materials technicians. The steep “learning curve” of battlefield medicine, performed mostly by practitioners who had been merely civilians pre-war, is a common and important theme explored by the volume.

The Canadian doctors and nurses of the war (all military officers) performed most of the specialized medical work, but army privates assisted with more mundane tasks. Privates also served as stretcher-bearers (or body snatchers) too, and some of these men, like those who they were helping, later suffered from *neurasthenia* or shellshock.

I was also astonished by the parallels between the vaccination history of 1910s Canada to what we experienced during the pandemic. A notable quote stood out from a respected doctor of wartime Canada, Lieutenant-Colonel George Adami (a major proponent to the removal and display of soldiers' body parts), who wrote that any soldier who declined vaccination was to be removed from service for "he was not allowed to endanger the health of his comrades." Tim recognizes that the legacy of treatment during the war "profoundly shaped medicine and public health initiatives for decades to follow." Though the history was over 100 years ago, the impact continues to shape and inform medicine and ethics in Canada today. Overall, the book is highly recommended for anyone interested in the history of medicine and warfare or for a fascinating and revelatory read. Similar to Tim's past volumes, the book is accessible to historians and to those unfamiliar with the subject matter alike – though the grisly and accurate descriptions are certainly not for the faint of heart!



Ryan Goldsworthy

Ryan Goldsworthy is a published military historian and material history expert from Toronto. He is the Museum Director & Curator of the Royal Canadian Military Institute (RCMI).

Contact: [ryan.goldsworthy@rcmi.org](mailto:ryan.goldsworthy@rcmi.org)

## History of Medicine in the RCMI Museum Collection

The RCMI Museum maintains and curates an impressive collection of objects related to medicine and warfare.

Original portrait of CAMC Major-General John Taylor Fotheringham. Fotheringham, Canada's senior army doctor who originally joined the Queen's Own Rifles in 1879, famously wrote "the duties of the Medical department of the Army must differ radically from those ordinarily associated in the public mind with the medical profession in civil life."



Canadian War Service Badge, Class C (1916-1919) for medically unfit and unwanted for military service. This numbered badge was presented to "medically exempt" Canadians who might have tried to enlist in the CEF but were unable to pass the pre-enlistment medical or physical examination. These badges were worn to stave off potential criticisms from the public.



Service dress uniform of Private Alex Giffin, stretcher-bearer of the 85<sup>th</sup> Battalion (Nova Scotia Highlanders) from 1916-1918. Giffin suffered from neurasthenia because of the war, which was a type of shellshock or “war neurosis.”

